RECORD PERMANENT classified. should properly supplied. pe may = that be terms, DEATH in programmer of instructions of OF CAUSE

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should is

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No.... Ilf death occurred in St.:....Ward) a hospital or institution. give its NAME Instead of street and number. I 2FULL NAME MEDICAL CERTIFICATE OF DEATH STATISTICAL PARTICULARS PERSONAL AND 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWEO. (Month) (Dav) (Write the word) I HEREBY CERTIFY, That I attended deceased from may (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) (Opration)yrs.....mos. 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER State or country) ot death yrs. mos. ds. State yrs, mos. Where was disease contracted. If not at place of death?. Former or usual:residence. LACE OF DATE OF BURIAL 15 UNDERTAKEE ADDRESS If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defent of the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid preumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc... Carcinosis

cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrement scottchae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," genital," thenia," "Anacmia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convuisions," "Debility" ("Conture of the American Medical Association.) scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as ample: Mcasles (disease causing death), 29 ds.: "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Narasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of _ Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) ... (name origin; "Can State cause for Examples:



STATE OF MARYLAND

PLACE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin

mia," "PUERPERAL peritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vrochildbirth or miscarriage, as "Purrerran septichaeetc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcasles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) __ (name origin; "Can-State cause for Examples:



N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City Sallston (No. 2 FULL NAME Sarah, Q, S	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME lostead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Genale While Single, Married Widowed, ORDIVERCED (Write the word) (Month) (Day) (Year) 7 AGE 1 LESS than 1 day, hrs.	16 DATE OF DEATH (Nonth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 that I last saw h. A allye on
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed Filed MAY 72, 1914 SOUNTER REGISTRAR	(Signed) (Deration) yrs. mos. ds. (Signed) (Deration) yrs. mos. ds. (Signed) (Signed) (Deration) yrs. mos. ds. (Signed) (Signe
If more blanks are needed, address State Registran	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. statement. (a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutossis of lungs, meninges, peritonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Deblity" ("Congenital," "Senlie," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: TEXT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," by carbolic acid-probably suicide. The nature of the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 do.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronio er" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of _ "Heart fallure," "Haemorrhage," "Inanition," "Maras-The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUIKEAU, V.S.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS WITH PLAINLY, WRITE

1 PLACE OF DEATH

STATE OF MARYLAND

county Harford	CERTIFICATE OF DEATH
Village or CityPear Carsin (No,	Registration Dist, No. [If death occurred in a hospital or Institution,
FULL NAME Edward lungu	est Bodt give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, Married, Wisowed, Wisowed, Write the word)	16 DATE OF DEATH May (Month) (Day (Year) 17 I HEREBY CERTIFY That I attended deceased from
may 9 1833	May 1, 191 4, to May 2, 191 4
7 AGE (Month) (Day (Year) 11 LESS than 1 dayhrs.	and that death occurred on the date stated above, at 12 mm
BOCCUPATION (a) Trade, profession, or Cabinet maker particular kind of work. Cater years	The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in Farmes & Canner	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Secondary (Ouration) vrs. mos. ds
10 NAME OF FATHER UNKNOWN.	(Signed) A. G. J. elister m. b. M. D.
Control of the contro	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Sermany	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds
(informant) . A. Bodd	Where was disease contracted, it not at place of death? Former or usual residence
(Address) Wesden, Md.	In PLACE OF BURIAL OR REMOVAL PATE OF BURIAL Serman Suther Church May 5 191 4
may 2 well () C michael	20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease material worked on may form part of the second (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use fever (the only definite synonym is "Epidemie eereterm for the same disease. Examples: Cerebrospinal time and eausation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercy RECEIVE Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

sepsis, tetanus) LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of....... (name origin; "Can-eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." (Recommendations on statement of by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head of "Dropsy," "Exhaustion," The nature of the Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURLLAU. V.S.

8EP 221914 BURBAU. V.S.

CERTIFICATE OF DEATH Registration Dist. No. Village or City Wardand (No	PLACE OF DEATH 4992	STATE OF MARYLAND
Village or City AND AND (No. St; Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PROPERTY, That I attended deceased from Control of Particular Pa	PLACE OF DEATH	
Village or City AND AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERSONAL CERTIFICATE OF DEATH PERSONAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERSONAL CERTIFICATE PERSONAL CERTIFIC	County Day org	CERTIFICATE OF DEATH
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3 SEX 4 COLOR OR RACE MALL	*FULL NAME Charles E, C	
MALL MALLE MANNESS CALLED TO THE BEST OF MY KNOWLEDGE (Informant) Learner of Burthale (Address) Warre of Grand Control of	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE Comparison Comparison	MARRIED MIDDEN	July 191 Ly.
(Month) (Day) (Year) Tage		17 I HEREBY CERTIFY, That I attended deceased from
and that death occurred on the date street above, at	GDATE OF BIRTH	While 2 4, 191 4, to May 9, 1914.
TAGE If LESS than day, hrs. mos. 28 ds. mos. 28 d	(Month) (Day) (Year)	that I last saw haill alive on May 9 ,1914.
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which amplicyed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (Rate or country) 12 MAIDEN NAME OF FATHER (State or country) 13 BIRTHPLACE (State or country) 14 MAIDEN NAME OF MOTHER 15 BIRTHPLACE (State or country) 16 NAME OF FATHER (State or country) 17 MAIDEN NAME OF MOTHER 18 BIRTHPLACE OF MOTHER (State or country) 19 MAIDEN NAME (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF MOTHER 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 MARIE AG GRAND 16 MARIE AG GRAND 17 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 18 LEADING REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	⁷ AGE If LESS than	and that death occurred on the date stated above, at
Goccupation (a) Frade, profession, or parlicular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) 10 NAME OF FATHER Charles Chapman 118 IRTHPLACE (OF FATHER OF MAILES		The CAUSE OF DEATH * was as follows:
(a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE (State or country) 10 NAME OF FATHER Charles Chapman FATHER Charles Chapman 11 BIRTHPLACE (State or country) 21 MADDEN NAME OF (State or country) 22 MADDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Harrie Chapman (Address)		State hopelit + and
(Signed) Contributory Contribut	(a) Trade, profession, or	
business, or establishment in which employed (or employer) BIRTHPLACE OF FATHER (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME OF CAUSES (State or Country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Address) Warle de gazel 15 Contributory (Seconday) (Signed) (Mans of Injury; and (2) whether Accident or Recent Residents) or Recent Residents A place of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AND CONTRACT DATE OF BURIAL AND CONTRACT DATE OF BURIAL		agute rephritis
Ontributory (Secondary) Oname of Father Charles Chapman It Birthplace Of Father (State or country) Of Mande of Father (State or country) Of Mother Of Mother Of Mother (State or country) It Birthplace Of Mother (State or country) Of Mother (State or country) It Birthplace Of Mother Of Mot	business, or establishment in	(Duratien) yrs. 2 mos ds.
(Signed) (Signe		
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*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 13 BIRTHPLACE OF MOTHER OF M	FATHER Charles Chamman	(Signed) , M. D.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OF RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT	11 BIRTHPLACE	May 161914 (Address) Sarling lon
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At place of death yrs. mos. ds. State yrs, mos. ds. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Charles Chapman (Address) Have de gazel 15	M 12 MAIDEN NAME OF MOTHER	
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(Address) Have de gavel (Address) Have de gavel 19 PLACE OF BURIAL OR REMOVAL ROCK Bur Cen May 17, 1914		Where was disease contracted,
(Address) Havre de gaare 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15	(Informant) Charles & Chapman	Former or
	(Address). Havre de gaael	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed / 191 / A Segistrar A Part & Pa	Flied MU117, 1914 REGISTRAR	20 UNDERTAKER PO 10 ABDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. statement. For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the diberase causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinlosis of lungs, meninges, peritonaeum, etc.. Carcinlosis

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpreal septichaeetc., when a definite disease can be ascertained as the genitai," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tnmor" for maligoma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Never report Examples: For vio-



N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

Village or City Claylar (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
² FULL NAME COO	11
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVERCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	May 13, 1914, to May 13, 1914,
(Month) (Day) (Yea	that I last saw har alive on May 12, 1914
7 AGE If LESS t day,	than and that death occurred on the date stated above, atm, hrs.
SOCCUPATION (a) Frade, profession, or particular kind of work	
(b) Geoeral nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. / 3 ds.6
9 BIRTHPLACE (State or country) That	Contributory (Secondary) Deration yrs mes ds.
10 NAME OF Tuchalus Coase	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in death from VIOLENT
of Mother Mary March	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of deathyrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or
(Informant) (Address) Aska	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed May 14, 1914 & Cocal REGISTRAL	20 UNDERTAKER Bato los May 5, 1914. ADDRESS Howard (Mclama Homes des
	ristrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. 1 md

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulstatement. Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: For persons (6)

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senlle," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chrowio mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis, er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Never report Examples:



Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 UNFADING INK-THIS IS FOR RESERVED WRITE PLAINLY, WITH MARQIN No. 1 σż

	LAGE OF DEATH	STATE OF MARILAND
Co	unty Darford	CERTIFICATE OF DEATH
		Registration Dist, No.
-Vil	Poll NAME Nettie M. Con	St.; Ward) [if death occurred in a hospital or lostitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	exale Market Single, Married Widower, Widower, Or Divorced (Write the word)	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from
6 D	July 29 1886	Oct 1913, to my 2324, 1914
	(Month) (Day (Year)	that I last saw he alive on 20 1914
7 A	TI BEOUTHER	and that death occurred on the date stated above, at 9 - 0 m.
	2,9 yrs 9 mos 2,5 ds. OR min.?	The CAUSE OF DEATH* was as follows:
6 OCCUPATION 1/		ρ_{λ}
(a) Trade, protession, or house wike		Julmon of Phyrangen
particular kind of work		July culosis
(D)	General nature of industry, iness, or establishment in	
whi	ich employed (or employer)	(Quration)yrsmos. &ds.
9 B	(State or country) Carford C. Nd	Gontributory A James Secondary
	10 NAME OF PEREPH Rampley	(Signed) /
ARENTS	OF FATHER (State or country)	My 25, 1914 (Address) Have District and
PARE	12 MAIDEN NAME OF MOTHER CINROUN	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) UNENOVY	At place in the of death yrs mos ds. State yrs, mos ds
14 1	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) 6 Karlee Country	Former or
	the and the	usuai residence
	(Address) Carre a Trace	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 FII		20 UNDERTAKER ADDRESS
	HEGISTRAR	January the Hallace
	- 11 more omnas are needed, address State Regi	stror, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MADVI AND

1004

1 DI ACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For viogenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... ture of the American Medical Association.) "Coutributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (name origin; "Can-State cause for Never report



state Very PHYSICIANS should S Exact statement of OCCUPATION EXACTLY. stated properly classified. pe AGE be supplied may of certificate. carefully that it be See Instructions on back plain terms. should of Information DEATH in pial Item PO Important. CAUSE m ż

PARENT

15

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

RECORD

PERMANENT

4

INK-THIS

UNFADING

WITH

PLAINLY,

WRITE

PLACE OF DEATH 4995 Gounty Larford	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or City Hurede prace (No. ,	St.; Ward) [If death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE A COLOR OR RACE MARRIED, WIOWED, ORDIVORCED (Write the word) March (Month) (Day (Year) TAGE GOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry.	(Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from On May 8 1914 to Called av Office 191 that I last saw have alive on May 13, 1914 and that death occurred on the date stated above, at 9 m, The CAUSE OF DEATH* was as follows: On find declared from alive of the date stated above at 9 m, The CAUSE OF DEATH* was as follows: On find declared from alive of the date stated above at 9 m, The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer)	heart Concella Quiration yes see nos as.
OF FATHER 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER OF FATHER	(Signed). (Address) House Of In deaths from Wigners

*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

At place	in the			
of death yrs mos ds.	State	yrs,	mos.,	ds
Where was disease contracted,				
If not at place of death?	***********************	*********		

Former or

usual residence

OR REMOVAL DATE OF BURIAL 16,191.4

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) But iu many "Foreman," (0)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerpeeal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras geuital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronehopneumonia (secondary), 10 ds. Never report ture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; "Exhaustion,"



V. S. No. 1.

N.B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is year important. See instructions on back of certilicate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. Village or City Karrecke Grace (No. 2 FULL NAME Connected Diagramolo STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [If death occurred in a hospital or lostitution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
9 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) DATE OF BIRTH March 2 2 8 88	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from My 15 1914, to My 12 1915.	
(Month) (Day (Year)	that I last saw ham allve on many 22 1914	
7 AGE 2 6 yrs 2 mos ds. OR min.?	and that death occurred on the date stated above, at 130 Pm, The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work	Consume lauton (Duration) yrs mos 8 ds.	
9 BIRTHPLACE (State or country) Taly	Gontributory Secondary (Wratten) vrs. mos 3 ds.	
10 NAME OF FATHER CONCRETED TO THE CONTROL OF THE C	(Signed)	
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted, If not at place of death? Former or	
(Address) Krieve Chrace Filed May 24 " 1914 James 26 Bay REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CON TEL HULL CHARLES 20 UNDERTAKER DATE OF BURIAL ADDRESS ADDRESS ADDRESS	
If more blanks are needed, address State Registr	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. mere symptoms or terminal conditions, such as "Asample: Measles (disease causing ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) may be stated under the head of (Recommendations on statement of death), 29 ds.; State cause for For vio-



	RECORD PHYSICIANS should state of OCCUPATION Is very	Village or City Aldino (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in a hospital or institution, give its NAME lostead of street and number.]
	. 4	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
QNION	PERMANENT stated EXACTLY. Exact statement	Male What (Write the word) 4 COLOR OR RACE SCINGLE, MARRIED, MODULE (Write the word)	16 DATE OF DEATH Month (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from May (1914, to May 13 1914,
B	uld be s	(Month) (Day) (Year) AGE If LESS tha	that I lest saw har alive on May a 191 7 and that death occurred on the date stated above, at Am.
0	N O D	68 yrs. 6 mas. 87 ds. 0Rmig.?	The CAUSE OF DEATH * was as follows:
UNFADING INK—TI carefully supplied. AGE that it may be properif certificate.	NK—TI AGE properi	6 OCCUPATION (a) Trade, protession, or particular kind of work.	Throughterstitial Melalintis.
	9 0	(b) General nature of Industry, business, or establishment in which employed (or employer) **Cowing to **Co	(Duration) yrs. mes. ds.
	A >= a	9 BIRTHPLACE (State or country)	(Secondary)
	10 NAME OF William Dinsmore	(Signed) (Si	
ARGI	should be n terms, s	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Σ	PLAINI formation fH in pial	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place 10 the of death yrs mos ds. Where was disease contracted,
VRITI n of I F DE/ See	VRITI F DE	(Informant) Allam Hammore	If not at place of death? Former or usual residence.
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•	ž	The more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherta (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of childbirth or miscarriage, as "Purpresal septichaegenital," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of _ mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing The contributory (secondary or intercurrent) Always qualify ail diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of terminal conditions, such as "As-(name origin; "Candeath), 29 "Exhaustion," Examples:



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. lif death occurred in -Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE MARRIED WIDOWED, (Month) Day (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last saw h (Month (Day (Year) TAGE if LESS than and that death occurred on the date stated above, at 1 day hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind ut work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) --9 BIRTHPLACE (State or country) Contributory Secondary (Doration) 10 NAME OF FATHER S 11 BIRTHPLACE , 191 4. (Address). damellevill ARENT OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. ____ mos. ___ State ___ Where was disease contracted. 14 THE ABOVE IS If not at place of death? Former or (intormant) usuai residence OR REMOVAL DATE OF BURIAL (Address) 15 REGISTRAR

If more blanks are deddd address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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W. S. No. 1.

RECORD	PHYSICIANS should state t of OCCUPATION Is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Personal and Statistical Particulars Personal and Statistical Particulars Personal Gradien (Write the word) Date of Birth Tage Months (Day) (Year)	PLACE OF DEATH 4999	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 18
SEX 4 COLOR OR RACE MARRIED, WIDOWRCD, ONDIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than 1 day, hrs. or particular kind of work (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) MARKE OF ACOLOR OR RACE MARRIED, WHONGRED (Write the word) (Year) (Toay) (Year) (A) The CAUSE OF DEATH* was as follows: (Duration) MARKE OF (Duration) Marke OF (Doration) Month) (Day) (Year) (Month) (Day) (Month) (Day) (Year) (Month) (Day) (Month) (Still Bin	Tif death occurred to
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TAGE If LESS than 1 day, hrs. OR min.? OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) JOHNAME OF CONTRIBUTE OF CON	(Months (Day) (Year)	that I last saw halive on
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF (Duration) yrs. mos. Contributory (Secondary) (Doration) yrs. mos.	TAGE If LESS than 1 day,hrs. ORmin.? Coccupation (a) Trade, profession, or	
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18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS,	13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. Where was disease contracted,
Informant, Lefraule Glackin (Address). Littlefor 19 place of death? 19 place of death? 19 place of Burial OR REMOVAL PATE OF BURIAL	Informant, Tefralle Glackin	Former or usual residence
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[Approved by U. S. Census and American Public Health
Association.]

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(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer--Coal material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. mine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman,"

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V. S. No. 1.

N.B.

stated EXACTLY. PHYSICIANS should state I. Exact statement of OCCUPATION is very RECORD A PERMANENT supplied. AGE should be st may be properly classified. UNFADING INK-THIS IS AGE DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH -Every Item of Information CAUSE OF DEATH In piai Important.

1	PLACE OF DEATH	500
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.]

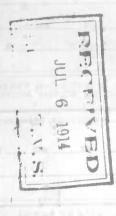
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Proces Color or RACE Single, MARRIED, MIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 1 HEREBY CERTIFY, That I sttended deceased from (Month) (Day (Year) 1 HEREBY CERTIFY, That I sttended deceased from (Month) (Day (Year) 1 HEREBY CERTIFY, That I sttended deceased from (Month) (Day (Year) 1 HEREBY CERTIFY, That I sttended deceased from (Month) (Day (Year) (Year) 1 HEREBY CERTIFY, That I sttended deceased from (Month) (Day (Year) (Year) 1 HEREBY CERTIFY, That I sttended deceased from (Month) (Day (Year) (Year) 1 HEREBY CERTIFY, That I sttended deceased from (Month) (Month) (Day (Year) (Year) 1 HEREBY CERTIFY, That I sttended deceased from (Month)
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date atsted above, at 4 P. m. The CAUSE OF DEATH* was as follows:
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11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) (Boration)
13 BIRTHPLACE OF MOTHER (State or country) Ballo mall 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death? Former or
(Address) Flacest Hill md 16 Filed June / 191 Haeo, 24 Richardson REGISTRAR	19 PLACE OF BURIAL OR REMOVAL ADDRESS OR OF BURIAL OR REMOVAL ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS Far, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Every item of information should be carefully supplied, AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	AIII
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[It death occurred is a hospital or Institution, give its NAME Instead

ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from TE OF BIRTH 10 (Month) (Day (Year) It LESS than and that death occurred on the date stated above, at. 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? CUPATION Trade, profession, or ticular kind at work. General nature of Industry, ness, or establishment in ch employed (or employer) Secondary RTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. ds. (State or country) State ... Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2QUNDERTAKER

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"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Laborer," As examples: "Foremau," (7)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measics affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; terminal conditions, such as "As-For vio-



	RECC	PHYSI of OG
BNIGNIE FOR DIVING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECC	ry item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSI ISE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OG ortant. See instructions on back of certificate.
	WRITE PLAINLY, WITH	ry item of information should be carefully sup ISE OF DEATH in plain terms, so that it ma ortant. See instructions on back of certificate.

	PLAGE OF DEATH	STATE OF MARYLAND
	Tale Harden	CERTIFICATE OF DEATH
Co	unty	182
		Registration Dist. No.
Vii	lage or City Valge (No.	[If death occurred in
V 11	lage or City(No,	St.; Ward) a hospital or lostitution,
		M give its NAME Instead
	FULL NAME CONTROLL	His Aug 8 of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH MAN A
h	MARRIED, METERS	, 1917
-	Write the word)	(Mofth) G (Day G14 (Year)
6 D	ATE OF BIRTH	17 HEREBY CERTIFY, That deceased from
	May 19 19.4	191 , 191 ,
	(Yonth) (Day (Year)	that I last saw Roth anye on face date 191
7 A		and that doub
	1 day,hrs.	and that death occurred on the date stated above, at 10 m,
	yrs	The CAUSE OF DEATH * was as follows:
	CCUPATION	forward protably alline
	Trade, profession, or all quel Leelesman	talling treat outtoned and
	General nature of industry.	faces in port of water
bus	iness, or establishment in	O (11111 D. O. Comment
_	ch employed (or employer)	(Duration) yrs mos ds.
9 8	RTHPLACE (State or country)	Secondary Surgery
	The force was	A
	10 NAME OF 4	(Duration) yrs mos. ds.
	FATHER Thomas A 7 tags	(Signed) Castallingsworth M.D.
IS	11 BIRTHPLACE	5/19, 191 4 (Address) Bul ain ind
ARENTS	OF FATHER (State or country)	
2	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
4	OF MOTHER Sample R. M. II	18.
	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	(State or country) Hay Love Count	At place in the
14 -		of death yrs mos ds. State yrs mos ds Where was disease contracted.
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Usfolling aworth	Former or
	B. C. D 3	usual residence.
	(Address). Paul art him	PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
15	0 000	180 M Shung Cemelen From 21, 1914
File	May 20 1914 Johan Mon	20 UNPERTAKER ADDRESS.
	REGISTHAR	Chatera & Atra All hole
		rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
		bailto, hequesting v. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second CAUSINO DEATH, state occupation at beginning of illwho receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant ueoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Cau-LENT DEATERS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; (Recommendations on statement of Never report 9

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 5 1914 BUREAU. V.S.

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

1 PLAGE OF DEATH 5003	STATE OF MARYLAND
County Harford	CERTIFICATE OF DEATH Registered No. 184
Village or City Cardiff (No	St; Ward) [If death occorred in a hospital or institution give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male while Sparse of BIRTH Sex 4 COLOR OR RACE Swingle, Married, Widoweo, World Write the word) 18.35	18 DATE OF DEATH (Month) (Day) (Year) 18 I HEREBY CERTIFY, That I attended deceased from Jul 1 1914, to may 5 1914.
(Month) (Day) (Year) 7 AGE 11 LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at 3 a m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment to which employed (or employer) BIRTHPLACE (State or country) Wales	Contributory Sout Strown . (Duration) / yrs mos ds. (Secondary) (Duration) / yrs. mos. ds.
10 NAME OF FATHER David Himphry 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER OVORS	(Signed) Warred among M. D. They 5, 191 4 (Address) Deelie, Or *Stafe the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IB TRUE TO THE BEST OF MY KNOWLEDGE (Informato) (Informator) (Informator)	TO LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lothe of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, li not at place of death? Former or usual residence.
Filed May 6, 191 4 Jas W Myabb REGISTRAR LE more blanks are needed, address State Revistr	20 UNDERTAKER ADDRESS AR, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, e. g., tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease." Promodia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purpersal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (mereiy symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably which surgical operation was undertaken. For vroetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (name origin; "Can State cause for Examples:



No. 1. υż

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s Important. ø,

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;... Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Jambs ALL	1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
hale Black (Marrieo, Moderne ORDIVORCED (Write the word)	(Month) (Dayson (Year)
G DATE OF BIRTH Month, (Month) (Day (Year)	that I last saw here alive on the 18th May 1914
7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at Am, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. 2 Aboute	of the heart
(b) General nature of Industry, business, or establishment in which employed (or employer)	do not lenous (Doration) yrs. mos. ds.
9 BIRTHPLACE (State or country) An Andrum	Secondary (Duration) yrs mos ds.
10 NAME OF FATHER GEORGE Zoll	(Signed) Welly are I style M. D.
OF FATHER (State or country) Whown 12 MAIDEN NAME OF MOTHER OF MOTHER AND AN ALCADE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 2 Renows	At piace In the ot death
(Informant) Manage To the Best of My Knowledge	It not at place of death?
16 Filed hally 18. 1914 J. Edgan Bean	PLACE OF BURIAL OR REMOVAL SATE OF BURIAL SUNDENDAM STATE OF BURIAL 20 UNDERDAKER ADDRESS ADDRESS
REGISTRAR	THEMM LACINELLING BA

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mme, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupaespecially in industrial employments, it is nec-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter, (b)

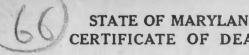
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N.B.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT



Goi	1 PLACE OF DEATH 5005	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
-ViII	2FULL NAME William T.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
351	ale hute Single, Married, Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH Ray 9 , 1914 (Month) (Day (Year)
6 D/	(Month) (Day (Year)	that I last saw have alive on hang 9 1914,
7 AC		and that death occurred on the date stated above, at 2
(a) pai (b) bus whi	CCUPATION OF Trade, profession, or clicular kind of work. General nature of industry, iness, or establishment in chemployed (or employer) RTHPLACE (State or country.) 10 NAME OF	Contributory Lavalya. Secondary (Duration) Jyrs. mos. ds. Contributory Lavalya. (Duration) yrs. mos. ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Seeil Co,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PAR	13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS, or Recent Residents) At place in the ot death yrs mos ds. State yrs mos ds
	(Interment) Mur. es. h. Fawder (Address). Marre de Prace	Where was disease contracted, If not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil	1 May 12 th 1914 James 36 Bay	20 UNDERTAKER ADDRESS

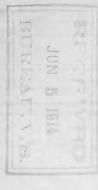
If more blanks are needed, address State Registra, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

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RECORD

V. S. No. 1.

WRITE

STATE OF MARYLAND CERTIFICATE OF DEATH should Registration Dist. No PHYSICIANS [If death occurred in Ward) a hospital or lostitution. give its NAME Instead of street and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED, (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH ciassified. (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. .mos,.....ds. OR min. ? properly SOCCUPATION (a) Trade, profession, or psrticular kind of work. supplied. be (b) General nature of Industry. business, or establishment in may (Duration) ... which employed (or employer) 9 BIRTHPLACE (State or country) certifical Secondary 10 NAME OF FATHER 0 back 11 BIRTHPLACE 191 4. (Address) O Cartella ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER DEATH in plain 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER In the (State or country' of death _____ yrs. ___ mos. __ State ____ Where was disease contracted. 14 THE ABO KNOWLEDGE If not at place of death? Former or CAUSE OF Important. usual residence DATE OF BURIAL Every (Address) 15 20 UNDERTAK ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the Disease material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of The nature of the Never report



W. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH 5007 County Hayrol Village or City Bel an (No.,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /82 St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale World (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended degrased from
(Month) (Day) (Year)	that I rast saw hai allve on many, 1914,
7 AGE 1 1 LESS than 1 day, hrs. OR mio. ?	and that death occurred on the date stated above, at
* OCCUPATION (a) Frade, profession, or particular kind of work Auticus **The profession of the profe	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Doration) 5 yrs. — mos. — ds.
BIRTHPLACE (State or country) Hayved b Ind	Contributory Secule Journal (Secondary) (Beration) yrs 2 mos ds.
10 NAME OF FATHER CONCUMBENCE. 11 BIRTHPLACE OF FATHER ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	(Signed) Address Bel am M. D.
OF FATHER (State or country) Haylard lo Signal 12 MAIDEN NAME OF MOTHER OF RENOWN	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Hinkmonn	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or osual residence.
(Address) John Mary Den Registrar (19 PLAGE OF BURIAL OR REMOVAL PATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) return "Laborer," For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, et Carcin-

injury, as fracture of skuli, and consequences (e. g., scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can-"Exhaustion," Never report HOT VIO-



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT ū proper INK be UNFADING 5 back EATH in plain WRITE See Q OF Every Item CAUSE OF Important.

Very

PLACE OF DEATH County. Village or City 4 COLOR'OR RACE (Month (a) Trade, protession, or particular kind of work. (b) General nature of industry.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St .:Ward)

Ilt death occurred la a hospital or justitution. give its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Dav (Year) I HEREBY CERTIFY, That I attended deceased from 191 to_ and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows: (Ouration) ______ Contributory Secondary ., 191.4. (Address). *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In tha ot death _____ yrs. ____ mos. ___ ds. State _____ yrs. ____ mos. _ Where was disease contracted. If not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 5 SINGLE. MARRIED, WIDOWED. (Write the word) 6 DATE OF BIRTH (Day (Year) 7 AGE It LESS than 1 day hrs. OR min. ? 8 OCCUPATION business, or establishment in which employed (or employer) ... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country (Address) 15

REGISTRAR

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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childbirth or miscarriage as "Puerperal septichaemia," "PUERPERAL peritonitis," etc. State cause for nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility"/("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 5 1914 BUREAU, V.S. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

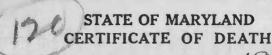
of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state To DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

CAUSE OF Important.

N. B.

1 PLACE OF DEATH



Registration Dist. No

.Ward)

[It death occurred in a hospital or lostitution, give its NAME Instead of street and number.]

ma

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Reach (Write the word)	16 DATE OF DEATH May 27 , 1917 (Month (Day (Year)) 17 I HEREBY CERTIFY That I attended deceased from
S DATE OF BIRTH May 22*C, 1861 (Xiong) (Day (Year)	May 1 1914, to May 267, 1914, that I last law here alive on 24 and 267, 1914
7 AGE 1 It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	Chama Helinhi +
which employed (or employer) BIRTHPLACE (State or country) Marfind di md	Contributory Secondary (Duration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country)	(Signed) W Arthur , M. D. May 28, 191 f. (Address) Card ml *State the Display Causing Death or in day from Vision
(State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death?————————————————————————————————————
Filed May 28,1914 Jama WM Math	DATE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL PARTINE ADDRESS DATE ADDRESS
If more blanks are needed address State Desire	To The Life St.

[Approved by U. S. Census and American Public Health Association.]

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etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerpenal septichacgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and quality as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conample: The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary, or intercurrent) State cause for



N. B.-

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

*FULL NAME James I,	st.; Ward) [If death occorred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Manueld On on overceo (Write the word)	16 DATE OF DEATH May (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
May (Month) (Day (Year)	that I last saw h alive on , 191
7 AGE 65 yrs mos 23 ds lt LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at 8 m, The CAUSE OF DEATH* was as follows: Suicide by shooling him all
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	therough thead with 32 Calibre Red over (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Trap Caroline Com 10 NAME OF FATHER James Price	Contributory Secondary (Boration) (Signed) (Signed) (Signed)
OF FATHER (State or country) Traf Caroline Co	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, on RECENT RESIDENTS)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informati) (Informati)	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, It not at place of death? Former or
(Address) Harred Brace 15 Filed May 25 1914 James H Bay) REGISTRAR	19 PLACE OF BURIAL OR REMOVAL THE PLACE OF BURIAL OR REMOVAL THE PLACE OF BURIAL THE PLACE
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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County Harfind.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. /84
Village or City Maclon (No. (No.)	Registered No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year) 7 AGE 1 day,hrs.	that I last saw h and allys on Market allys on 1914, and that death occurred on the date stated above, st The CAUSE OF DEATH* was as follows:
s occupation (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	(Doration) yrs, mos, ds
which employed (or employer) BIRTHPLACE (State or country)	Gontributory (Secondary)
OF FATHER OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds, State yrs, mos, ds, Where was disease contracted, If not at place of death?
(Address) Ottlet Ond Filed / May, 191 / Grove of Masses	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 10 DATE OF BURIAL 20 UNDERTAKER ADDRESS
To more blanks are needed, address State Registrate	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

minc, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekecpers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the DIREASE CAUSINO DEATH (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculoisis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage. as "Purepreal septichacture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUEBPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the inus," "Oid Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated uniess important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant ncoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-The nature of the State cause for Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR MARGIN RESERVED W. S. No. 1.

PLACE OF DEATH County Harford Village or City Level (No.) FULL NAME Luther Sh	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. /8/ St.; Ward) St.; Ward) [If death occurred to a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE SHOWN WIDOWED. Woldower Widower. (Write the word) 6 DATE OF BIRTH Mov. 26, 1846 (Month) (Day) (Year) 7 AGE 1 LESS than 1 day,	16 DATE OF DEATH (Month) (Day) (Year) 17. I HEREBY CERTIFY, That I attended deceased from My 15, 1914, to My 24, 1914, to
BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intormant) (Address) LE MOTHER (Address) LE MOTHER L	(Signed) (Signed) (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (Blength of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place in the other death? (Signed) (

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionaeum, etc... Carcin-

genital," childbirth or miscarriage, as "Purperal septichaemia," "Purperal peritonitis," etc. State cause for cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mus," "Old Age," "Shock," "Uraemia," "Weakness," injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Candeath), 29 "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 8 1914

N. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS PLAINLY, WITH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

..Ward)

[If death occurred in a hospital or institution.

FULL NAME B. Olis Stew	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
PALL A COLOR OR RACE MARRIED, WIDOWED,	16 DATE OF DEATH Mary (Month) (Day) (Year) 17 I HEREBY GERTIFY That I attended deceased from March 18, 1914, to Opin 30, 1914
(Month) (Day) (Year) 7 AGE 1	and that death occurred on the date stated above, at 11.30 A.m., The CAUSE OF DEATH* was as follows:
9 OCCUPATION (a) Frade, prefession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 1. BIRTHPLACE (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF STATHER 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	(Duration) yrs mos ds. Contributory (Secondary) (Duration) yrs mos ds. (Signed) yrs mes ds. (Signed) 4, 191 4 (Address) herefore yrs and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place in the of death yrs mos ds.
(Informant) (Address)	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 MADERT KER ADDRESS
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative meaithfulness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation bas As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the DISKASE CAUBING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionacum, etc.. Carcinosis of lungs, meninges, periionacum, etc..

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUEBPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "PURRPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vro-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis mere symptoms or terminal conditions, such as "Asnant neoplasms); Measics; Whooping cough; Chronio Bronchopneumonia (secondary), 10 ds. er" is less definite; avoid use of "Tumor" for malig-Sarcoma. etc., of The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples: ds.;



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5325 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Harford bo

Village or City Bel ark (No. (No. (No. (No. (No. (No. (No. (No.	St.; Ward) [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, MOWED, WIDOWED, ORDIVORCEO ORDIVORCEO ORDIVORCEO ORDIVORCEO ORDIVORCEO ORDIVORCEO ORDIVORCEO ORDIVORCEO ORDIVORCEO	16 DATE OF DEATH WAR 24 cle , 1914 (Month) (Day (Year)
6 DATE OF BIRTH March 24, (Month) (Day (Year)	that I last aaw h & alive on 410 2 2 2 1914.
TAGE If LESS than 1 dayhrs. ORmin.?	and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows: Cleule Cecludry Caralysis
(a) Trade, profession, er particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) 1: yrs mos ds.
*BIRTHPLACE (State or country) blacemont Mille	Gentributory Secondary (Quartien) - yrs mes. ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) My Chas Declaros N. D. M. Ch 24, 1914 (Address) Bellin My
2 12 MAIDEN NAME Leggil Stanifore	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Manyland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place In the of death yrs mos ds State yrs, mos ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) A late Frall fret Filed May 4, 1947 & Lagar Stan REGISTRAN	19 PLACE OF BURIAL OR REMOVAL AMAZIA 20 UNDERTAKER ADDRESS ADDRESS
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illcated thus: Farmer (retired 6 yrs.) For persons who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." (Recommondate valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclaaccidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichae-mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very A PERMANENT stated EXACTLY. supplied. AGE should be st may be properly classified. WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE of information should be carefully sur DEATH in plain terms, so that it ma See instructions on back of certificate. CAUSE OF Important. S N.B.

'PLACE OF DEATH

STATE OF MARYLAND

Co	ounty Jacky		CERTIFICATE OF DEATH
•	Bee		Registration Dist, No.
Vil	FULL NAME		St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	EX 4 COLOR OR RAGE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH May 2 4th , 1914 (Month) (Day (Year) 17) I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH (Month	, 1	Jam, 1913, to May 2 4th, 1914
7 A		If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm
(b) bus wh	PCCUPATION 1) Trade, profession, or articular kind of work) General nature of industry, siness, or establishment in lich employed (or employer) IRTHPLACE (State or country)	nolid	(Duration) / yrs. mos. ds Contributory Secondary
	10 NAME OF FATHER		(Signed) Chas Coeliars M. D
ARENTS	11 BIRTHPLACE OF FATHER (State or country)		State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tale Suignal of However, and (2) whether Accident
PAF	13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)		TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.
	THE ABOVE IS TRUE TO THE BES	T OF MY KNOWLEDGE	Where was disease contracted, If not at piace of death?
15 FI	(Address)	dep Dean	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UN DERTAKER ADDRESS

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, cases, especially in industrial employments, it is neethe nature of the business or industry, and therefore an who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, Civil engineer, Stationary freman, etc. But in many Rhysician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic The eontributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report

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DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

of Father (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or count

7 AGE

ARENTS

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5012 1 PLACE OF DEATH County.... PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED,

(Month)

ORDIVORCED (Write the word)

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(Day

(Year

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REGISTRAR

If more blanks are needed, address State Re



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

16 DATE OF DEATH	m	17
*******************************	m	5
	(Month)	(Day . (Yea
17 I HEREE	BY CERTIFY, That	I attended deceased
m 13	191 4, to m	u/2
	191, to	7
that I last saw h	allye on mi	7 / 3 ,19
		. 0
and that death occurred	on the date state	d above, at
The CAUSE OF DEATH	* was as follows:	
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(Manual)	un Be	Ath-
	/	
		0000
	(Duration)	yrsmos
Contributory	at the sa	A-
Secondary		************
	(Oranian)	yrsmos
1/1	(9010(1011)	
(Signed)		
(oigheu)	Meen	- ' /
	1/	54
My 14 , 1914	1/	n di L
my 14 ,1914	(Address) Has	ndid.
my 14 ,1914	(Address) Has	ndid.
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM	(Address) Low Causing Death, or Ans Of Injury; a HICIDAL.	r, in deaths from Viol and (2) whether Acci
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM	(Address) CAUSING DEATH, OF ANS OF INJURY; a HICHAL.	r, in deaths from Viol and (2) whether Acci
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM	(Address) CAUSING DEATH, OF ANS OF INJURY; a HICHAL.	r, in deaths from Viol and (2) whether Acci
*State the DISEASE CAUSES, State (1) ME TAL, SUICIDAL, OF HOM 18 LENGTH OF RESIDE OR RECENT RESIDENTS At place	(Address) CAUSING DEATH, OF ANS OF INJURY; A HICIDAL. NCE (FOR HOSPITALS In the	r, in deaths from Violend (2) whether Acci
*State the DISEASE CAUSES, State (1) ME TAL, SUICIDAL, OF HOM	CAUSING DEATH, OI ANS OF INJURY; a HICIDAL. NCE (FOR HOSPITALS in the s	r, in deaths from Viol and (2) whether Acci
*State the DISEASE CAUSES, State (1) ME TAL, SUICIDAL, OF HOM 18 LENGTH OF RESIDENTS. At place of death yrsmo	CAUSING DEATH, OF ANS OF INJURY; a HICHDAL. NCE (FOR HOSPITALS in the S. State.	r, in deaths from Violend (2) whether Acci
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM 18 LENGTH OF RESIDENTS. At place of death yrs. mo: Where was disease contracted,	CAUSING DEATH, OF ANS OF INJURY; a HICHDAL. NCE (FOR HOSPITALS in the S. State.	r, in deaths from Violend (2) whether Acci
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OT HOM 18 LENGTH OF RESIDE OR RECENT RESIDENTS. At place of death yrs. mo: Where was disease contracted, if not at place of death?	CAUSING DEATH, OF ANS OF INJURY; a HICHDAL. NCE (FOR HOSPITALS in the S. State.	r, in deaths from Violend (2) whether Acci
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM 18 LENGTH OF RESIDE OR RECENT RESIDENTS. At place of death yrs. mo: Where was disease contracted, if not at place of death? Former or	CAUSING DEATH, OF ANS OF INJURY; a HICHAL. NCE (FOR HOSPITALS in the S. State.	r, in deaths from Violend (2) whether Acci
*State the DISEASE CAUSES, STATE (1) ME TAL, SUICIDAL, OF HOM 18 LENGTH OF RESIDENTS) At place of death yrs. mo: Where was disease contracted, if not at place of death? Former or, usual residence	CAUSING DEATH, OF ANS OF INJURY; a HICHAL. NCE (FOR HOSPITALS in the S. State.	r, in deaths from Violend (2) whether Acci
*State the DISEASE CAUSES, State (1) ME TAL, SUICIDAL, OF HOM 18 LENGTH OF RESIDENTS. At place of death yrs. mo: Where was disease contracted, if not at place of death?——Former or. USUAl residence. 18 PLACE OF BURIAL OF MANASANAL	CAUSING DEATH, OF ANS OF INJURY; a HICHAL. NCE (FOR HOSPITALS in the S. State.	r, in deaths from Violend (2) whether Acci
*State the DISEASE CAUSES, STATE (1) ME TAL, SUICIDAL, OF HOM 18 LENGTH OF RESIDENTS) At place of death yrs. mo: Where was disease contracted, if not at place of death? Former or, usual residence	CAUSING DEATH, OF ANS OF INJURY; a HICHAL. NCE (FOR HOSPITALS in the S. State.	r, in deaths from Violend (2) whether Acci
*State the DISEASE CAUSES, State (1) ME TAL, SUICIDAL, OF HOM 18 LENGTH OF RESIDENTS. At place of death yrs. mo: Where was disease contracted, if not at place of death? Former or usual residence.	CAUSING DEATH, OF ANS OF INJURY; a HICHAL. NCE (FOR HOSPITALS in the S. State.	r, in deaths from Violend (2) whether Acci

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salcsman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who receive a definite salary), may be entered as it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

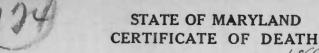
scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition." "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Can-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion, Never report



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Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should cled CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OGGUPATION is very important. See instructions on back of certificate.

2 2

1 PLACE OF DEATH



Registration	Dist.	No. 182
Wee intration	D131.	1104

.St.;.....Ward)

[If death occurred in a hospital or lostitution, give its NAME instead of street and number.

FULL NAME PHEROLU WEBS	Leb
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH 16 May (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 15 May 1914, to 16 a May 1914, that I last saw have alive on the 16 d May 1914.
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 1/5 Pm. The GAUSE OF DEATH* was as follows: Milliam alway of the Bladder
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	following the same (Duration) yrs mos 20 ds.
9 BIRTHPLACE (State or country) Harfard Co. Leed	Contributory Secondary (Quration) yrs mos ds.
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
OF MOTHER Less than Hauseye 13 BIRTHPLACE OF MOTHER (State or country) Heach Co. less 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted,
(Informant) JEdwardschafe (Address) Belais land	Former or usual residence
Fled hay 18 1914 f. Edgan Thean	Lalvary Colmeling may 6, 1914

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. 1.

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[Approved by U. S. Census and American Public Health Association-]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. tieation as Day laborer, Farm Taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of oeeupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligeause. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy." "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Caneause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head IENT DEATHS State MEANS OF INJURY and qualify us mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental diowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (seeondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report



Exact statement of OCCUPATION is

properly classifled.

Instructions on back of certificate.

formation should be

Every Item of CAUSE OF DE Important. See

N. B.

PHYSICIANS should

RECORD

A PERMANENT

WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH

5014

64

STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Emmorton (No.	Registration Dist. No. 82 [If death occurred to a hashiful or institution
Elite The	is the street and comber.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, Hidonico ORDIVORCED (Write the word)	16 DATE OF DEATH 120 May , 1914 (Month) (Day (Year)
DATE OF BIRTH May 22, 1830 (Month) (Day (Year)	that I last aaw h 2 alive on the 13th May 1914.
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 6-15 Pm. The CAUSE OF DEATH* was as follows: had lever at those of Apollows.
a) OCCUPATION (a) Trads, profession, or particular kind of work (b) General natura of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	at where balo during the local form y sand two works before the death (Duration) yrs. 15. Contributory Secondary
10 NAME OF FATHER Carry Shore 11 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME OF MOTHER OTHER	(Signed) Jrs. mos. ds. (Signed) July A. (Address) Bel Cur. M. D. Retate the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mes, ds Where was disease confracted.
(Informant) (Address)	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL M. June Scinetary 20 UNDERTAKER Appress
REGISTRAR	Mooney Son Bol and

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necgainfully employed, as At school or At home. duties of the household only (not pald Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetants) may be stated under the head such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the genltal," "Senlle," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the Am "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-by earbolic acid—probably su side. which surgical operation was undertakeu. mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (seeoudary), 10 ds. Aecidental drowning; Strucker ACCIDENTAL, SUICIDAL, The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of Medical Association.) HOMICIDAL, or as probably etc. State cause for icide; Poisoned ray train—accie nature of the "Exhaustion," Never report For vio-

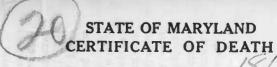
If this certificate oked over thoroughly and all questions answered the certificate is essential and must be obtained before the certificate is permanently filed.

BUREAU. V.S.

RECORD A PERMANENT stated EXACTLY. properly classified. UNFADING INK-THIS IS WRITE PLAINLY, WITH

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very DEATH in plain terms, so that it m See instructions on back of certificate. Every item of information CAUSE OF DEATH in plai Important. N.B.

1 PLACE OF DEATH	5015	
County Harforn	5015	
County	1.00	



1	Registration Dist, No.
Village or City Michaelshine, 2FULL NAME Elizabeth Hil	St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, MARRIED, MIDONED, MIDONED, MIDONED, MIDONED, MIDONED, WIDONED, WIDONED, WITHOUTH THE WORD)	16 DATE OF DEATH May 9 ,1914 (Month) (Day (Year)
6 DATE OF BIRTH Och (Month) (Day (Year)	May 1 HEREBY GERTIFY, That I attended deceased from May 9, 1914, to May 9, 1914, that I last saw h La alive on May 7, 1914
TAGE If LESS than 1 day, hrs. OR min.? OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	The CAUSE OF DEATH* was as follows: Less described by the stated above, at A. m. The CAUSE OF DEATH* was as follows: Less described by the stated above, at A. m. Less described by the stated above, at A. m. The CAUSE OF DEATH* was as follows: Less described by the stated above, at A. m. The CAUSE OF DEATH* was as follows: Less described by the stated above, at A. m. Contributory (Bureaum 1) Secondary (Bureaum 1) The CAUSE OF DEATH* was as follows: Less described by the stated above, at A. m. The CAUSE OF DEATH* was as follows: Less described by the stated above, at A. m. The CAUSE OF DEATH* was as follows: Less described by the stated above, at A. m. The CAUSE OF DEATH* was as follows: Less described by the stated above, at A. m. The CAUSE OF DEATH* was as follows: Less described by the stated above, at A. m. Less des
10 NAME OF FATHER Lacob Sisty 11 BIRTHPLACE OF FATHER (State or country) In anyland 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) In anyland	(Signed) (Signe
(Interment) Slame Milliam (Address) Buryman and 15 Filed May 11, 1914 Over Muhar	Where was disease contracted, Persum M. A. Strain M. A. S

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum; etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senilc," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



1 PLACE OF DEATH

V. S. No. 1.

Very CERTIFICATE OF DEATH an SICIANS should OCCUPATION IS Registration Dist, No If death occurred in ..Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS PERMANENT 5 SINGLE, WIDOWED. ORDIVORCEO (Write the word) OF BIRTH classified. (Month) 7 AGE If LESS than and that death occurred on the date stated above 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 properly AGE 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Indostry. UNFADING business, or establishment In may which employed (or employer) BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ō back 11 BIRTHPLACE L pinous tate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) PAREI 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place In the P of death _____ yrs. ___ mos. _ DEATH State yrs. Where was disease contracted. See If not at place of death? --0 Former or OF Item Every Item CAUSE OF Important. usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS 00 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

CAUSINO DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm luborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, Never (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes ture of the American Medical Association.) cause of dcath approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (discase causing death), 29 ds.; ctc. State cause for For vio-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No ... Ilt death occurred in Village or CityWard) a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, (Alonth) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR 7 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Outration) which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. State Where was disease contracted. TRUE TO THE BEST OF MY KNOWLEDGE It not at place of death? Former or (Intermant) usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15 ADDRESS REGISTRAR If more blanks are needed, and ess State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ture of the American Medical Association.) The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) For vio-

